

OFFICE USE ONLY	
P.C.T. & O. FEE	SLS FEE
AMT. OF CHECK	TOTAL FEE
OVERPAY	CHECK NO.
RETURN OVERPAY FOR APPROVAL	ASMT. FEE
CLERK'S INITIALS	

MOTOR VEHICLE DEALER LICENSE APPLICATION FOR INITIAL LICENSE OR RENEWAL

FOR LICENSE YEAR ENDING _____

ARE YOU CURRENTLY LICENSED BY THE MOTOR VEHICLE DEALER BOARD:

☐ YES ☐ NO IF YES, PLEASE INDICATE DEALER NUMBER _____

1. Dealers who have been in business <u>more than 3 years</u> may proceed with question number 2. Please indicate which of the following: <input type="checkbox"/> F - \$250/Fund <input type="checkbox"/> K - \$100,000 Bond (<i>submit copy</i>) <input type="checkbox"/> M - Million-Dollar Bond Umbrella Bond ((submit proof of Umbrella Bond) Applies if you have been in business <u>less than 3 years</u>. (Check only one box)		2. TYPE OF APPLICATION <i>Important note: if this is an initial or change in location application, Virginia dealer must submit proof of local zoning ordinance approval with this application.</i> <input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION <input type="checkbox"/> CHANGE (EXPLAIN) _____ <small>Authorized Changes: address change, name change, add/delete manufacturer or distributor, ownership change, and relocation.</small>	
4. NAME OF BUSINESS _____ TRADING AS NAME _____		3. TYPE OF MOTOR VEHICLE DEALER LICENSE(S) Check all that apply: <input type="checkbox"/> FRANCHISED <input type="checkbox"/> INDEPENDENT MOTORCYCLE <input type="checkbox"/> FRANCHISED MOTORCYCLE <input type="checkbox"/> INDEPENDENT MOTOR HOME <input type="checkbox"/> FRANCHISED MOTOR HOME <input type="checkbox"/> INDEPENDENT TRAILER <input type="checkbox"/> FRANCHISED TRAILER <input type="checkbox"/> WHOLESALE AUCTION (Licensed Auction ONLY) <input type="checkbox"/> PROGRAM DEALER <input type="checkbox"/> RETAIL AUCTIONS <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> FACTORY/DIST. BRANCH	
BUSINESS ADDRESS: STREET (P.O. BOX ONLY IS NOT ACCEPTABLE) _____ CITY _____ ZIP CODE _____		BUSINESS HOURS (LIST AS POSTED) _____	
<input type="checkbox"/> COUNTY OR <input type="checkbox"/> CITY JURISDICTION OF BUSINESS _____		DEALER-OPERATOR (PERSON OPERATING BUSINESS) _____	
DEALER'S SOCIAL SECURITY OR EMPLOYER I.D. NUMBER _____		DEALER'S BUSINESS PHONE _____ DEALER-OPERATOR HOME PHONE _____	
DEALER'S E-MAIL/WEBSITE ADDRESS _____			

PRIVACY STATEMENT

In accordance with Sections 2.2-803 & 2.2-4807 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

5. TYPE OF OWNERSHIP. CHECK ONE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		STATE IN WHICH INCORPORATED _____	
6. Give the name, title and residential address of each owner, partner and/or officer of this business. Use additional sheet(s), if necessary, and attach.			
NAME	TITLE	ADDRESS	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

FRANCHISED DEALER – DISTRIBUTORS – MANUFACTURERS – and FACTORY BRANCHES: Read instructions below and complete Sections 7 and 8. **ALL OTHER APPLICANTS:** Go to **SECTION 8**.

7. FRANCHISED DEALERS and DISTRIBUTORS. List the manufacturer(s) and/or distributor(s) with whom you have a franchise or sales agreement. FRANCHISED DEALER. Attach a copy of the Franchise and service agreement with manufacturer or distributor if this is an initial application. MANUFACTURER, DISTRIBUTOR and FACTORY BRANCH. Only list line-makes of vehicles to be sold in this state. DO NOT list models as line-makes. Use additional sheet(s), if necessary, and attach.		
MANUFACTURER/DISTRIBUTOR	ADDRESS	LINE-MAKES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. FRANCHISED DEALERS ONLY. List name and address of individual awarded franchise(s) or sales agreement(s). Use additional sheet(s), if necessary, and attach.

NAME

ADDRESS

CITY

STATE

ZIP CODE

9. Read each question below and check the appropriate response

YES

NO

A. Has any owner, partner, officer or Dealer-Operator of business ever been refused a Motor Vehicle Dealer's License or Certificate of Registration or has his/her license or certificate suspended or revoked?

☐☐

B. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of a felony?

☐☐

C. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of any fraudulent or criminal act in connection with the business of selling motor vehicles?

☐☐

D. Has any owner, partner, officer or Dealer-Operator of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?

☐☐

E. Has any owner, partner, or officer or Dealer-Operator of business ever been convicted of odometer tampering or any related violation?

☐☐

F. Has any owner, partner, director, officer or Dealer-Operator committed any act or omitted any duty, with the result being administrative action taken by the Board or DMV?

☐☐

G. If the answer to any of the above questions is YES, please explain on a separate sheet (include names, dates, court jurisdictions and result of administrative proceedings).

☐☐

H. Are all of your licensed salesperson employees of the dealership and **not** independent contractors?

☐☐

10. CERTIFICATION. Read and certify by signing below.

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 5 Misdemeanor.

NAME OF BUSINESS

SIGNATURE OF OWNER, PARTNER, OR OFFICER OF THE BUSINESS

EXECUTED AND SIGNED IN THE ☐ COUNTY ☐ CITY OF _____
COUNTY OR CITY

IN THE STATE OF _____ ON THIS DATE _____
STATE MONTH DAY YEAR

11. DEALER RENEWALS ONLY:

PROCESSING FEE – List the amount charged by the dealer for any item designated as “processing fee” on the buyers order form \$ _____. If a processing fee is not charged, enter “none”.

The number of license plates authorized by the enclosed DLD-9 is based on the total number of retail sales to Virginia residents. You are authorized to obtain a total number of dealer license plates based on total sales. If you require additional license plates and have proof of other sales, please indicate the volume below:

Retail sales (out-of-state) _____ Wholesale sales _____

Please complete and certify the attached DLD-21 to identify the additional vehicles sold at wholesale or to out-of-state residents. You may use alternative automated reporting if the required information is included. Return with this application.

REMINDER: Please include all required supporting documents and proper fees.